

## LME Quarterly Incidents Report (Form QM13, Revised January 2006)

This form is meant to summarize all reported incidents, including deaths and restrictive interventions submitted by providers to a host LME for each quarter in the state fiscal year. Only those incidents that require such reporting are to be summarized on this form. Incidents that are reported to a home LME should not be included in this form to avoid duplication in counts across the state.

Name of Host LME:

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State Fiscal Year and Quarter of this Report:

SFY05-06

1st Qtr (Jul, Aug, Sep)

### Section 1A - Summary of Level 2 and 3 Incidents (Total Number and Location)

#### ONLY THOSE INCIDENTS FOR HOST LME

Total Number of Incident Reports Received for the Quarter

[Count each incident report only once regardless of the number of separate types of incidents that may have been reported on an individual form.]

Number of Reports by Location of Incident

[List only one location for each incident report.]

Provider Premises

Consumer's Legal Residence

Community

Other

Unknown

## Numbers By Level of Incident

Level 2	Level 3	Total

## Count For Each Type of Incident

Unduplicated Count of Consumers	Highest Number of Reports For a Single Consumer

### Section 1B - Summary of Level 2 and 3 Incidents (By Type of Incident)

[Unless otherwise instructed below, count each type of incident listed on an incident report separately. It is possible that the sum of the incidents reported in this section could exceed the total number of incident reports reported in Section 1A if more than one type of incident is reported on a single incident report.]

#### ONLY THOSE INCIDENTS FOR HOST LME

Consumer Deaths (By Cause of Death)

[List only one cause of death for each incident report.]

Suicide

Accident

Homicide/Violence

Terminal Illness/Natural Cause

Unknown Cause

## Numbers By Level of Incident

Level 2	Level 3	Total

## Count For Each Type of Incident

Unduplicated Count of Consumers	Highest Number of Reports For a Single Consumer

### Restrictive Interventions

[For **total unduplicated count**, count each incident report with a restrictive intervention only **once** regardless of the number of different types of restrictive interventions listed on an individual report. For each **type** of restrictive intervention listed (physical restraint, isolation, and seclusion), count each type of restrictive intervention on an incident report separately. It is possible that the sum of each type of restrictive intervention may exceed the total unduplicated count if more than one type of restrictive intervention is reported on a single incident report.]

Total Unduplicated Count

Physical Restraint

Isolation

Seclusion


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### Section 1B - Summary of Level 2 and 3 Incidents (By Type of Incident) (Continued)

	Numbers By Level of Incident			Count For Each Type of Incident	
	Level 2	Level 3	Total	Unduplicated Count of Consumers	Highest Number of Reports For a Single Consumer

#### ONLY THOSE INCIDENTS FOR HOST LME

#### Consumer Injuries (By Cause of Injury)

[List only one type of injury for each incident report.]

Aggressive Behavior  
Self-injurious Behavior  
Trip or Fall  
Auto Accident  
Other


#### Allegations of Abuse, Neglect, Exploitation By a Provider or Caregiver

[For **total unduplicated count**, count each incident report only **once** regardless of the number of different types of allegations listed on an individual report. For each **type** of allegation listed, count each type of allegation on an incident report separately. It is possible that the sum of each type of allegation may exceed the total unduplicated count if more than one type of allegation is reported on a single incident report.]

Total Unduplicated Count  
Alleged Abuse of Consumer  
Alleged Neglect of Consumer  
Alleged Exploitation of Consumer


#### Medication Errors

[List only one type of medication error for each incident report.]

Wrong Dose Administered  
Wrong Medication Administered  
Wrong Time of Administration  
Missed Dose (includes refusals)


#### Consumer Behavior

[List only one type of consumer behavior incident for each incident report.]

Suicide Attempt  
Inappropriate or Illegal Sexual Behavior  
by Consumer  
Aggressive/Destructive Acts by Consumer  
Other Consumer Behavior


#### Other Incidents

[List only one type of "other" incident for each incident report.]

Suspension of Consumer from Services  
Expulsion of Consumer from Services  
Fire that Threatens or Impairs a  
Consumer's Health or Safety  
Unplanned Consumer Absence >3 Hours  
Over Time Noted in PCP or Absence  
Reported to Legal Authorities

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### Section 1C - Numbers of Providers Reporting Level 2 and 3 Incidents

#### ONLY THOSE INCIDENTS FOR HOST LME

Number of Providers Submitting Reports<sup>1</sup>

Highest Number of Reports for a Single Provider<sup>2</sup>

Providers with any Level 2 Incidents	Providers with any Level 3 Incidents	All Providers with Level 2 and/or 3 (Unduplicated)
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1. The count of providers should be based on individual facilities/sites, not corporate offices. There may be duplication in providers between the first two columns. The third column should be an unduplicated count of providers that submitted a Level 2 or 3 incident report during the quarter.
2. This should be the number of reports submitted by the single provider with the most reports during the quarter.

### Section 2 - Summary of Selected Level 1 Incidents

Number of Incident Reports <sup>1</sup>	Number of Providers Reporting <sup>2</sup>	Highest Number of Incidents for One Consumer <sup>3</sup>
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#### Restrictive Interventions

*[A Level 1 incident is any planned use of a restrictive intervention administered appropriately and without discomfort, complaint, or injury.]*

Total Unduplicated Count<sup>4</sup>

Seclusion

Isolated Time-Out

Restraint


#### Medication Errors

*[A Level 1 incident is any error that a physician or pharmacist has determined does not threaten the consumer's health or safety.]*

Wrong Dosage Administered

Wrong Medication Administered

Wrong Time (Over 1 hour from prescribed time)

Missed or Refused Dose of Prescribed Medication


#### Other Incidents

*[All searches/seizures are classified as a Level 1 incident.]*

Any Search of Consumer/Living Area or Seizure of Consumer's Property

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1. The sum of the number of incident reports that service providers reported completing during the quarter for the type of incident indicated.
2. This is the number of service providers that submitted a Provider's Quarterly Incidents Report (Form QM11) for the quarter. The count of providers should be based on individual facilities/sites, not corporate offices.
3. This is the highest number of incidents during the quarter for an individual consumer for the type of incident indicated reported by individual service providers. For example, if 30 medication errors out of a total of 35 during the quarter were attributed to one consumer for a given provider, the highest number for one consumer would be 30. If 35 consumers each had one medication error during the quarter, the highest number for one consumer would be one. It is not possible to determine this number across service providers as each service provider reported only aggregate information.
4. This is the sum of the **total unduplicated counts** of incidents involving restrictive interventions reported by individual service providers during the quarter. Service providers were asked to count each incident report only once regardless of the number of different types of restrictive interventions that may have been listed on an individual report. For each **type** of restrictive intervention listed, each incident reported on the incident report was counted. It is possible for the sum of each type of restrictive intervention to exceed the total unduplicated count if more than one type of restrictive intervention is reported on a single incident report.

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### Section 3 - How the LME is Analyzing Trends and Using Incident Report Data

*Provide a brief description of patterns or trends identified through data analysis, strategies developed to address identified problems or opportunities for improvement, actions taken, evaluation of the results of actions taken, and/or next steps being planned.*

	Description
Analyses (Trends, patterns)	
Strategies Developed	
Actions Taken	
Evaluation of Results of Actions Taken	
Next Steps	

Print Name of Person Completing Report:

Title:

Date:

Phone:

Email:

**Direct any questions to:** DMH/DD/SAS Quality Management Team

Phone 919-733-0696 FAX: 919-508-0986

Email: [contactdmhquality@ncmail.net](mailto:contactdmhquality@ncmail.net)